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My Thoughts/My Surgical Practice

Bouffant or Surgeon's cap and the struggle for identity



When the world looks at me they don't see a surgeon — because I'm female. Oh sure, we live in a “progressive” society where little girls are often encouraged to dream big — and I'm certainly a part of that generation. So, why do I say this? Because I've lived in this skin and walked this life for years and seen it played out day by day. You don't see it? I understand; it's often subtle and easy to miss if it's not happening to you day after day. “Just let those comments and slights roll off your back,” people tell me, “just be confident and pave your own way and people will accept you.” But the comments don't roll off without causing little dents here and there, and even if I perfected my confidence and strived to pave my own way, reality is I would not be truly accepted. As a female cardiac surgeon, I don't fit the mold; I break all sorts of long-held societal, cultural, and gender-based norms.

I'll provide some numbers for perspective. By 2017 well over 8000 people had been certified in cardiothoracic surgery, and that year the number of certified women just broke 300. But beyond the numbers, there prevails a deep-seeded culture slow to change that historically has not included someone of my gender. While particularly pronounced in my specialty,^{1–3} it is not unique among surgical subspecialties.^{4–7}

So, I invite you into my world, to give you a little tour. With just this brief tour you won't really be able to comprehend how wearing it is to be continually misjudged, but maybe you'll get a hint. So now, where to start on this tour? That my hands aren't large enough for certain surgical instruments? That I'm escorted to the nurses' locker room in certain hospitals because the physicians' locker room is for men? The time the grateful family had bought cufflinks for their surgeon — and then met me? Another family who kept waiting for the surgeon to come, not realizing I was all they got?

Something as simple as the dilemma deciding between a surgeon's cap and bouffant exemplifies my daily struggle of trying to appear as what the world expects and the inability to fit in.

I grew up (professionally speaking) passing in the hallways black and white photos of the great cardiac surgeons of the past with their surgeon's caps on, their eyes piercing through the photograph. And I tried, I really did try hard for quite some time, to make that surgeon's cap work — but I gave up. I wear a bouffant — yes, a BOUFFANT. (Well, most of the time, I'll get to that later.) Not a surgeon's cap. I tried that, to fit in with the rest of you all. To look like a “real” surgeon, as if that would help me fight the unconscious bias I face, somehow give me credibility despite my gender. But my pony tail just couldn't get smashed in just right and the cap neatly tucked around my ears like the rest of you. I tried, I really did, putting the pony tail in the nape of my neck or putting it way up high like a top knot. I tried everything I could think of. Trying to look official, like in all the photos of those famous surgeons of yester-year. Ultimately I

gave up and settled on the bouffant. Yes, like the food workers, as one of my attendings used to say when he saw me wear it, or a shower cap as my family refers to it. The bouffant, it's fluffy and a bit froofy, in some ways like me, I suppose. I do wear makeup and at times like wearing pink. But don't be fooled — getting to where I am, I went through a lot. Not that I'm going to tell you the details. I may look somewhat ephemeral and at times the Chicago wind did almost blow me away, but there's steel grit inside. Do the guys realize the many problems this long hair causes? Even with the bouffant, the hair tie needs to be just off center to not collide with my headlight strap, and loose enough that I don't get a splitting headache. Even when I think I have it perfectly adjusted I'll be 30 minutes in and feel the knot on my head pressing in, harder and harder, and then I just grit my teeth and know I'm in it for the long haul.

And the bouffant I've come to accept, like how I've come to accept that I am different. I am different. And that's ok. Well at least I thought I had accepted it. But ... For the photoshoot that was going in an internationally distributed magazine when my hair was a disaster (because I had it all crammed in that one and the same bouffant while operating), I switched the bouffant out for a surgeon's cap. Somehow, I got it to perch just right for the photo before taking the thing off. And for the Youtube video I filmed today, the audiovisual man had me switch out the bouffant for a surgeon's cap. So, the world still expects a surgeon's cap, and they still expect a male. And I at times still attempt to conform. Even today I was again mistaken for a physician assistant when I rounded on my patient, in my long white coat with degrees embroidered on it. I gently clarified, “I'm actually the surgeon.” “OH!!! Shoot!” the nurse said, “well it's nice to meet you.” “It's nice to meet you,” I said. What else can I say?

And so — surgeon's cap or bouffant? When I'm honest with myself, the struggle to find an identity, to be respected, to fit in, and yet be true to myself, continues — as it likely will for the rest of my career. What's the way forward? An acceptance that I will always be different, to act in a manner that dispels inherent biases and compels respect despite those differences, to inspire the next generation, and to remember that sometimes being unique can be advantageous. New at my institution and the first female cardiac (or congenital) surgeon ever, at one point I got myself lost in some post-operative area and politely asked for assistance to find my patient. The clerk saw “Congenital Cardiac Surgery” on my white coat and excitedly blurted out: “Oh! You're the new female heart surgeon?!! I heard we were getting one!!” That excitement and my presence is progress. We once thought operating inside the heart was impossible, not so long ago people believed women could never be surgeons. Cardiac surgery has been based on pioneers

who challenged preconceived notions, and I am just a part of that legacy.

As with any trial, there comes with it a personal decision to take the path of bitterness, discouragement, and self-pity, or strive to rise above and embrace the opportunity it creates. “The road to our calling is specifically designed for the weight of it.” Congenital cardiac surgery is a high risk, demanding specialty – perhaps the challenges I’ve faced to get to this point are exactly the challenges required to refine me into the surgeon I needed to be.

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